

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/23/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445115	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 02/22/2012
NAME OF PROVIDER OR SUPPLIER ST MARY'S HEALTH & REHAB CENTER OF CAMPBELL COUNTY			STREET ADDRESS, CITY, STATE, ZIP CODE 200 TORREY ROAD LAFOLLETTE, TN 37766		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 029 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure hazardous area 's one (1) hour fire rated construction is maintained. The findings include: Observation and interview with the Maintenance Director, on February 22, 2012 at 6:15 p.m. confirmed unsealed penetrations above the ceiling grid outside the 2nd floor north and south soiled utility rooms (RC236 and RC210), inside the 1st floor elevator equipment rooms above the light switch, and inside the 1st floor mechanical room (ME302). This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on February 22, 2012.</p>	K 029	<p>K029 NFPA 101 Life Safety Code Standard</p> <ol style="list-style-type: none"> 1. Penetrations were sealed. 2. All residents on the 2nd Floor had the potential to be affected. 3. All contractors must follow the "Above Ceiling Work Permit" while completing any above the ceiling work. Once the work is completed an Engineering associate will verify that all penetrations are sealed prior to the completion of the job. 4. Engineering associates will randomly check for penetrations as the project work progresses. 	2/23/12	4/3/12
K 147 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p>	K 147			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Dana Heatherly, Administrator 3/8/12

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 147	Continued From page 1 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure electrical panels had blank covers installed. The findings include: Observation and interview with the Maintenance Director, on February 22, 2012 at 6:00 p.m. confirmed electrical panels C and G off the kitchen and the 1st floor emergency panel 'A' had openings inside the breaker panels without covers. (NFPA 70, 314.28 (C)). Based on observation and interview, the facility failed to assure electrical receptacles were maintained. The findings include: Observation and interview with the Maintenance Director, on February 22, 2012 at 6:30 p.m. confirmed the electrical receptacle behind the serving line was damaged and discolored, indicating there had been electrical arcing in the past. These findings were verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on February 22, 2012.	K 147	K147 NFPA 101 Life Safety Code Standard 1. The electrical receptacle behind the serving line was replaced. Blank covers were installed in electrical panels C, G and A. 2. Only authorized personnel had the potential to be affected since the breaker boxes were locked. 3. Electrical contractors and Engineering associates will receive education related to the proper procedure of removing breakers from electrical boxes. Education will also be given regarding the replacement of any defective electrical receptacles. 4. During the infer-red scan of all breaker boxes, the boxes will be reviewed to ensure blanks have been added.	2/23/12 2/23/12 4/3/12 4/3/12	